

Combined Declaration and Power of Attorney
for Utility or Design Patent Application
Attorney's Docket No. _____
Page 2 of 4

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Robert S. Swecker	19,885	Teresa Stanek Rea	30,427	Allen R. Baum	36,086
Platon N. Mandros	22,124	Robert E. Krebs	25,885	Brian P. O'Shaughnessy	32,747
Benton S. Duffett, Jr.	22,030	William C. Rowland	30,888	Kenneth B. Leffler	36,075
Norman H. Stepno	22,716	T. Gene Dillahunt	25,423	Fred W. Hathaway	32,236
Ronald L. Grudziecki	24,970	Patrick C. Keane	32,858	Wendi L. Weinstein	34,456
Frederick G. Michaud, Jr.	26,003	B. Jefferson Boggs, Jr.	32,344	Mary Ann Dillahunt	34,576
Alan E. Kopecki	25,813	William H. Benz	25,952	Donna M. Meuth	36,607
Regis E. Slutter	26,999	Peter K. Skiff	31,917	Mark R. Kresloff	42,766
Samuel C. Miller, III	27,360	Richard J. McGrath	29,195	Nhat D. Phan	39,581
Robert G. Mukai	28,531	Matthew L. Schneider	32,814	Cindy A. Lynch	38,699
George A. Hovanec, Jr.	28,223	Michael G. Savage	32,596		
James A. LaBarre	28,632	Gerald F. Swiss	30,113		
E. Joseph Gess	28,510	Charles F. Wieland III	33,096		
R. Danny Huntington	27,903	Bruce T. Wieder	33,815		
Eric H. Weisblatt	30,505	Todd Walters	34,040		
James W. Peterson	26,057	Ronni S. Jillions	31,979		
		Harold R. Brown III	36,341		

All practitioners associated with
Customer No. 21839



21839

Address all correspondence to:



21839

BURNS, DOANE, SWECKER & MATHIS, L.L.P.
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: _____ at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Håkan Andersson
Signature	<i>[Signature]</i>
Date	30/03/2005
Residence (City, State, Country)	Veberöd, Sweden SEX
Citizenship	Sweden
Mailing Address	Planteringsvägen 24
City, State, ZIP, Country	SE-240 14 Veberöd, Sweden
FULL NAME SECOND INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

Combined Declaration and Power of Attorney
for Utility or Design Patent Application
Attorney's Docket No. _____
Page 3 of 4

FULL NAME OF THIRD INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF FOURTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF FIFTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SIXTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SEVENTH INVENTOR, IF	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

FULL NAME OF EIGHTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF NINTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF TENTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

✓ **Method and device for manufacturing packages**

the specification of which (check only one item below):

- ☐ is attached hereto.
☐ was filed as United States Patent application
 Number _____ on _____
 and was amended on _____ (if applicable).
☐ was filed as PCT International application
 Number _____ on _____
 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
✓ Sweden	0203694-5	13, 12, 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No